



DEPARTMENT OF THE MEDICAL EXAMINER

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POWERS, DUTIES AND FUNCTIONS

The Department of the Medical Examiner serves the public through the investigation of sudden, unexpected, violent and suspicious deaths. The purpose of such an investigation is to discover, document and preserve the medical, anatomic or evidentiary findings which will allow the department to determine the cause and manner of death, to identify the time of death and injury, to prove or disprove an individual's guilt or innocence, to confirm or deny the account of how death occurred, to determine or exclude other contributory or causative factors to the death and to provide expert testimony in criminal and civil litigation.

Section 6-1305 of the 1973 Revised Charter of the City and County of Honolulu (2000 Edition) states, "When any person dies in the city as a result of violence or by a casualty or by apparent suicide or suddenly when in apparent health or when not under the care of a physician or when in jail or in prison or within twenty-four hours after admission to a hospital or in any suspicious or unusual manner, it shall be the duty of the person having knowledge of such death immediately to notify the department of the medical examiner and the police department."

The Department of the Medical Examiner is staffed by physicians specialized in the area of forensic pathology, medical examiner's investigators, laboratory technologists, autopsy assistants and clerical personnel. The physicians are board certified in the specialty of anatomic pathology as required and stated in Section 841-14.5 of the Hawaii Revised Statutes. The chief medical examiner and deputy medical examiner are board certified by the American Board of Pathology in anatomic, clinical and forensic pathology.

The department is accredited by the National Association of Medical Examiners (NAME). Accreditation by NAME is an endorsement that the department provides an adequate environment for a medical examiner in which to practice and provides reasonable assurance that the department well serves its jurisdiction. It is the objective of NAME that the application of the NAME standards will aid materially in developing and maintaining a high caliber of medicolegal investigation of death for the communities and jurisdictions in which they operate.

The staff is aware of the tragedy that accompanies sudden and unexpected deaths and realizes that each case represents an individual who is deeply missed by his or her loved ones. Our investigators are trained to deliver the news of the death with the utmost compassion, courtesy and professionalism. A thorough investigation into the circumstances of death, complete postmortem examination and necessary laboratory studies are conducted to determine the cause and manner of death. In addition to providing pertinent answers for significant issues such as insurance claims, estate settlements, information and evidence necessary for civil and criminal legal proceedings, we also provide factual data for relatives which helps them through their grieving process with better understanding of the cause and manner of death. The physicians are available for the relatives, attorneys and estate representatives to provide necessary information.

HIGHLIGHTS

One of the main objectives of the department is to increase and expand the knowledge of the trends affecting the lives of the citizens of Oahu. This is accomplished by having news media programs with special reference to drug-related deaths or risk factors



An autopsy includes review of microscopic slides.



Positive identification is established via fingerprint comparison.

associated with sudden infant deaths. Educational seminars with emphasis on child abuse, identification of risk factors of sudden unexplained infant deaths are conducted for law enforcement personnel, social workers of the Child Protective Services, and physicians. Educational seminars have been conducted with emphasis on prevention of elderly neglect/abuse to increase the public awareness in identification, intervention, and treatment for elders and their caregivers. Morgue tours for high school students are conducted with an informative presentation on drug-related deaths, speeding accidents, teen suicides, and other trends affecting the lives of our citizens, to provide a better perspective of how their actions and decisions can affect them as well as everyone else around them. The department participates in the multi-disciplinary Child Death Review System. Recommendations for decreasing the number of child deaths following an adequate interval study will be provided. Renewed emphasis has been and will continue to be placed on assisting local donor agencies to obtain consent for organ and tissue procurement. The department continues to participate in the Honolulu Heart Program that has been expanded to include aging studies of the brain in pre-registered participants. Scientific death investigation provides factual material and evidence for agencies involved in worker's compensation, public health hazards and community health and disease.

The department offers externship programs to students majoring in forensic science at Chaminade University and pathology electives to medical students and pathology residents at the University of Hawaii John A. Burns School of Medicine.

The department maintains a high level of competence in the field of scientific death investigation and continues to contribute to the improvement of the quality of life of the people of Oahu.

The work of the department is tabulated in statistical form as follows:

SUMMARY OF STATISTICAL REPORT OF CASES HANDLED BY DEPARTMENT, 2004-2005

The office investigated 1697 deaths this past year as compared to 1,653 in 2003-2004. Jurisdiction was assumed in 758 cases and autopsies were performed in 578 cases. In non-autopsied cases, complete external examinations and toxicological testing of body fluids were performed.

Authorization for organ harvesting was permitted on 19 cases. Of the 758 cases investigated, 385 death scenes were visited. These scenes are where the incident occurred and, therefore, are an integral part of a thorough death investigation. For example, if a death of a young child occurs in a medical institution, in addition to visiting the medical institution, our medical examiner's investigator goes to the original scene of the incident.

Number of deaths investigated	1697
Jurisdiction assumed in	758
Violent deaths	416
Autopsied	377
Not autopsied	39
Violent deaths (undetermined manner)	40
Autopsied	38
Not autopsied	2
Non-violent deaths	300
Autopsied	163
Not autopsied	137
Historical remains	1
Non-human artifacts	1
Jurisdiction released to private physician (death within 24 hours)	650
Attended/other deaths reported	289
Total autopsies performed by Medical Examiner	578
Total number of bodies transported to Morgue	790
Total organ/tissue harvesting	19
Total original scene of incident visited	385
Total unidentified skeletal remains	1

LABORATORY PROCEDURES CONDUCTED DURING FISCAL YEAR 2004-2005

Laboratory Chemical Tests	665
Ethanol Tests	780
Toxicology Screen	1,290
Toxicology Sent Out	305
Hematoxylin and Eosin Slides Prepared	3,473
Special Slides Prepared	200

Laboratory procedures that include toxicological analysis, blood alcohol determinations, preparation of microscopic slides for histological examinations and various other chemical analyses of different types of body fluids, continue to be a very important aspect of investigation of deaths occurring under our jurisdiction.

There have been an increased number of drug-related deaths. There is concern with regard to the rise in the number of deaths associated with the prescription narcotic painkiller, Oxycontin. Cocaine, heroin and methamphetamine continue to be detected in toxicological screens of deaths investigated by the Department. Methamphetamine continues to be associated with violent deaths.

REQUEST FOR REPORTS

FISCAL YEAR 2004-2005

Investigation and Autopsy Reports	743
Fees Collected	\$2,654.50

A fee of \$5.00 is charged for each report requested by individuals and private agencies. There is no charge to governmental agencies or to hospitals. There is a fee of not less than \$5.00 for reports subpoenaed.

BUDGET AND AUTHORIZED PERSONNEL

FISCAL YEAR 2004-2005

Budget Expenditures	\$1,100,444.67
Salaries	\$936,589.77
Current Expenses	163,854.90
Positions	17

CLASSIFICATION OF VIOLENT DEATHS

FISCAL YEAR 2004-2005

The number of violent deaths increased primarily due to an increase in other accidental deaths. There were 179 other accidental deaths this past year compared to 154 in 2003-2004. Falls (67) and poisoning (83) comprised the majority of the 179 victims.

Violent Deaths	463
Homicide	21
Blunt trauma	7
Child abuse	1
Fall	1
Gunshot	4
Knife wounds/stabbing	7
Other	1
Suicide	87
Asphyxia	3
Drowning	3
Fall	9
Fire	2
Gunshot	18
Hanging	33
Knife wounds/stabbing	5
Poisoning	14

Traffic	81
Water-Related	47
Industrial	8
Other Accident	179
Undetermined	40
Asphyxia	1
Blunt trauma	1
Drowning	2
Fall	3
Hanging	1
Poisoning	13
Traffic	2
Unknown	17

NOTE: Some deaths are reported in 2 different categories.

BREAKDOWN OF HOMICIDE VICTIMS BY RACE FISCAL YEAR 2004-2005

<u>RACE</u>	<u>2004</u>	<u>2005</u>	<u>TOTAL</u>
	<u>JULY-DECEMBER</u>	<u>JANUARY-JUNE</u>	
Caucasian	4	0	4
Filipino	2	0	2
Hawn/Part-Hawn	4	2	6
Japanese	0	1	1
Korean	1	0	1
Samoan	0	1	1
All Other	3	3	6
TOTAL	14	7	21

BREAKDOWN OF HOMICIDE METHODS USED FISCAL YEAR 2004-2005

<u>METHODS USED</u>	<u>2004</u>	<u>2005</u>	<u>TOTAL</u>
	<u>JULY-DECEMBER</u>	<u>JANUARY-JUNE</u>	
Blunt trauma	2	5	7
Child Abuse	1	0	1
Fall	1	0	1
Gunshot	4	0	4
Knife wounds/Stabbing	5	2	7
Other	1	0	1
TOTAL	14	7	21

SUICIDE STATISTICS
FISCAL YEAR 2004-2005

METHOD	CAU		CHI		FIL		HAWN P-HAWN		JPS		KOR		PAC ISL		OTHER		TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Asphyxia		2								1							3
Drowning									1	1					1		3
Fall	4				1		1		3								9
Fire							1						1				2
Gunshot	8	1			1		5						2		1		18
Hanging	6	1			5		5	1	6		1	1	1	2	3	1	33
Knife Wound/ Stabbing		1				1			2		1						5
Poisoning	2	2	1		1	1			2	2					1	2	14
TOTAL	20	7	1		7	3	12	1	12	4	4	1	4	2	6	3	87

SUICIDE VICTIMS
FISCAL YEAR 2004-2005

AGE	MALE	FEMALE	TOTAL
10 thru 19	4	2	6
20 thru 29	13	4	17
30 thru 39	10	1	11
40 thru 49	13	4	17
50 thru 59	10	4	14
Over 60	16	6	22
TOTAL	66	21	87

SUMMARY OF SUICIDES
FISCAL YEAR 2004-2005

2004	MALE	FEMALE	TOTAL
July	4	1	5
August	10	3	13
September	4	1	5
October	9	0	9
November	4	2	6
December	4	2	6
Sub-Total	35	9	44
2005			
January	10	2	12
February	6	2	8
March	4	3	7
April	5	2	7
May	3	1	4
June	3	2	5
Sub-Total	31	12	43
TOTAL	66	21	87

TRAFFIC FATALITIES
FISCAL YEAR 2004-2005

TYPE OF OCCUPANT	MALE			FEMALE			TOTAL
	2004 JULY-DEC	2005 JAN-JUN	WITH ALC.	2004 JULY-DEC	2005 JAN-JUN	WITH ALC.	
Operator	9	9	9	3	3	1	24
Passenger	1	1	1	0	0	0	2
Pedestrian	4	10	3	7	4	1	25
Motorcyclist	6	7	6	1	0	0	14
Moped Rider	0	4	0	0	0	0	4
Bicyclist	6	1	2	0	0	0	7
Scooter	0	1	0	0	0	0	1
Unknown	1	3	1	0	0	0	4
TOTAL	27	36	22	11	7	2	81

WATER-RELATED DEATHS
FISCAL YEAR 2004-2005

There were 47 water-related deaths compared to 48 last year. Twenty-nine victims died while engaged in ocean-related activities, in comparison to 28 last year.

LOCATION AND ACTIVITY	MALE		FEMALE		TOTAL
	2004 JULY-DEC	2005 JAN-JUN	2004 JULY-DEC	2005 JAN-JUN	
<u>Ocean</u>					
Fishing	3	2	0	1	6
Scuba	1	1	0	0	2
Snorkeling	4	1	0	1	6
Surfing	0	1	0	0	1
Swimming	6	8	0	0	14
Bathtub/Shower	0	2	0	2	4
Bay/Harbor/Lagoon/Pier	0	1	0	0	1
Pond/Canal/Stream	1	0	0	0	1
Swimming Pool	2	2	0	0	4
Suicide	0	2	0	1	3
Undetermined	1	1	0	0	2
Other	0	3	0	0	3
TOTAL	18	24	0	5	47

INDUSTRIAL DEATHS

FISCAL YEAR 2004-2005

There were eight job-related deaths this year compared to five the previous year.

AGE SYNOPSIS

58	Police officer sustained head injuries when he was ejected from his vehicle after he lost control and collided into a concrete barrier while responding to a scene.
78	Groundskeeper sustained head injuries when he fell while working in a shed.
58	Store owner sustained head injuries when he was assaulted by a customer.
31	Refuse worker sustained multiple traumatic injuries as a passenger in a refuse truck when the truck overturned due to apparent malfunction of the brakes. The refuse worker was pinned under the truck.
42	Reefer/chassis mechanic sustained multiple traumatic injuries when he was crushed between the tractor and trailer of a Matson container.
63	Mason laborer sustained head injuries when he fell from a scaffold to the concrete ground while working at a construction site.
49	Handyman sustained multiple internal injuries when he fell and was run over by a tractor while moving trash on a property.
64	Roofer sustained blunt force injuries to his head and chest when he fell from the roof of a home he was working on.

OTHER ACCIDENTAL DEATHS

FISCAL YEAR 2004-2005

METHOD	MALE		FEMALE		TOTAL
	2004	2005	2004	2005	
	JULY-DEC	JAN-JUN	JULY-DEC	JAN-JUN	
Asphyxia	1	4	3	1	9
Fall	13	22	10	22	67
Fire	1	4	3	3	11
Poisoning	34	33	8	8	83
Other	2	5	0	2	9
TOTAL	51	68	24	36	179

UNDETERMINED DEATHS (MANNER)

FISCAL YEAR 2004-2005

When investigative information and autopsy findings cannot determine the fashion in which a cause of death came about, the manner of death is listed as "Undetermined". Forty deaths fell within this category. The majority of cases fell into two categories, poisoning (drug-related) where accidental or intentional overdose could not be determined and unknown where after complete autopsy, the cause and manner of death could not be determined.

METHOD/CAUSE	MALE		FEMALE		TOTAL
	2004	2005	2004	2005	
	JULY-DEC	JAN-JUNE	JULY-DEC	JAN-JUNE	
Asphyxia	0	1	0	0	1
Blunt trauma	0	0	0	1	1
Drowning	1	1	0	0	2
Fall	1	0	1	1	3
Hanging	1	0	0	0	1
Poisoning	2	5	3	3	13
Traffic	0	1	0	1	2
Unknown	3	5	2	6	16
Skeletal remains (unknown sex)*	0	0	0	0	1*
TOTAL	8	13	6	12	40